

**VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. 2380

U. S. COST REIMBURSABLE  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_  
(Payee)

PAID BY
<i>Encl # 3</i>
<i>DPD-1226-59</i>
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$227.	70
Use continuation sheet(s) if necessary							

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total \$227.70

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences \_\_\_\_\_

Date 2-2-59 \*Payee \_\_\_\_\_  
(required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for \$ 227.70  
(Signature or initials) ll

Contract No. A-101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_  
(Authorized Certifying Officer)

By \_\_\_\_\_

**SIGN  
ORIGINAL  
ONLY**

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ } on Treasurer of the United States in favor of  
{ Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_, Payee \_\_\_\_\_ } (payee named above.)  
(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, as in the following examples: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

STATOTHR

THE RAMO-WOOLDRIDGE CORPORATION  
FORM STL - 660

# ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

1/18/59

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040190-2

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040190-2																					
No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.I.O.	S.O.	
23	01	13	9	28382	3843		01	15	181				1	50	25	00	00	12501	3032	31	3620
41	01	16	9	28401	3844		01	20	181				1	50	25	00	00	12501	3032	31	14308
																					17928*
																					17928**

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No.	Mo.	Day Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.I.O.	S.O.	
	23	01	13	9	28381	3840	01	15	181			1	50	25	00	00	12501	3032	32	18100
	99	01	16	9	28		10	31	3744			1	58	25	00	00	12501	3032	32	1444*
																				3254**
																				213254***
																				111928
																				244820
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